

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	8					
5						
6	/					
7	/					
8	/					
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TOTAL IND.	8		↓		↓	
TOTAL DEP.	9		→		→	
TOTAL CLAIMS	17					

#	IND.		DEP.		#	IND.		DEP.	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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52									
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100									
TOTAL IND.			↓			↓			
TOTAL DEP.			→			→			
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS